MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(9)

08046

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Girdletree Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Worcester

City or town Girdletree Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Joseph Andrews

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife ✓

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Feb. 1 - 1940

8. AGE: Years | Months 5 | Days 21 | If less than one day ... hrs. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER 12. Name Myron Myers

13. Birthplace Maryland

MOTHER 14. Maiden name Elizabeth Andrews

15. Birthplace Maryland

16. Informant Mrs Elizabeth Andrews

Address Girdletree Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23/40 (month) (day) (year)

Cemetery or crematory M.P. Cemetery

Location Girdletree Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 7/23 1940 LeRoy Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21 1940 to July 22 1940 and that I last saw him alive on July 21 1940

Immediate cause of death Pneumonia Bronchial — DURATION 2 days

Due to Whooping cough — ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Fletcher M. D. or other

Address [illegible] Date signed 7-22-40

VS A15 (T) (I) (M) B.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

08047

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: W. Snowville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Worcester
City or town: W. Snowville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Isaac R. Davis

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

8 (b) Name of husband or wife: Sara J. Davis
6(c) If wife, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 17 1860

8. AGE:

Years	Months	Days	If less than one day
79	10	9	hrs. min.

9. Birthplace: W. Snowville, Md. (Town, county, and state)
10. Usual occupation: Night Watchman
11. Industry or business: "
12. FATHER — Name: Ephrom Davis
13. FATHER — Birthplace: Maryland
14. MOTHER — Maiden name: Unknown
15. MOTHER — Birthplace: "
16. Informant: Mrs. Edith Shannell
Address: Berlin, Md. R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-28-40 (month) (day) (year)
Cemetery or crematory: W. Snowville (Colored)
Location: W. Snowville, Md.
18. Funeral director: M. Pasha Watson
Address: Snowville, Md.
19. 7-28-40 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-26 1940, at 7 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940 to July 26 1940, and that I last saw h[illegible] alive on July 26 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	24 hrs
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations:
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Frederick S. Nicoll M.D.
M. D. or other
Address: Berlin, Md. Date signed: 7-26-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08048

CERTIFICATE OF DEATH

(1/a)

Reg. Dist. No. 355

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Worcester

City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Bay
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: John S. Davis

3.(b) Social Security Number: —

4. Sex: Male

5. Color or race: W

6.(a) Single, married, widowed, or divorced: widower

6.(b) Name of husband or wife: Lucien R. Davis

7. Birth date of deceased (mo., day, yr.): Sept. 23, 1858

6.(c) If alive, give age ..... years

8. AGE: Years: 81 | Months: 9 | Days: 15 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: John S. Davis
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Fleeman
15. Birthplace: Md.

16. Informant: John H. Davis
Address: Berlin, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 11, 1940 (month) (day) (year)

Cemetery or crematory: Evergreen

Location: Berlin Md.

18. Funeral director: J. W. Burbage
Address: Berlin Md.

19. 7-11- 1940 (Date rec'd by registrar) Helen F. Hayward, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Acute Myocarditis

Due to:

Due to:

Other conditions: Chr Nephritis

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Chas. R. Law M.D. (M. D. or other)

Address: Berlin Md. Date signed: 7-10-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08049

Reg. Diat. No. 351

1. PLACE OF DEATH:

County: Worcester

City or town: Newark
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Worcester

City or town: Newark
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: Lillian Duffield

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife: John Duffield

6.(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): April 10 - 1908

8. AGE: Years: 32 | Months: 3 | Days: 9 | If less than one day: hrs. min.

9. Birthplace: Snow Hill Worcester Md
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: own home

FATHER
12. Name: Thomas Bishop
13. Birthplace: Maryland

MOTHER
14. Maiden name: Laura Brooks
15. Birthplace: Maryland

16. Informant: John Duffield
Address: Newark Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 21/40 (month) (day) (year)

Cemetery or crematory: Coolspring

Location: Girdletree Md

18. Funeral director: Hearne & Dennis

Address: Snow Hill Md

19. 7/20/40 (Date rec'd by registrar) R E Day Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19 1940 at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~ 19 to 19

and that I last saw h alive on 19

	DURATION
Immediate cause of death: Heart failure - Variety unknown	Instant death
Due to: Probably chronic myocarditis Duration: Unknown	
Due to: Patient was found dead. No history of	
Other conditions: Previous illness	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John L. Riley D.O. Med Ex M. D. or other

Address: Snow Hill Md Date signed: 7/20/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG 5 1940
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STATE OF MARYLAND—CERTIFICATE OF DEATH

08050

1. PLACE OF DEATH (9)

County Worcester Registration Dist. No. 354

Village or City Stockton Rural No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bosnett Finney

(a) Residence: No. Stockton Md Rural St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Boy	C	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 10 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Milton Hudson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Katherine Finney

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Milton Hudson

(Address) Stockton Md Rural

18. BURIAL, CREMATION, OR REMOVAL

Place Old St. Paul Cmty Date July 14, 1940

19. UNDERTAKER Irving Bennett

(Address) Stockton Md

20. FILED July 14, 1940 Mary M. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1940, to July 13, 1940

I last saw him alive on July 2, 1940; death is said to have occurred on the date stated above, at 4 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Weeping Cough	June

Other Contributory Causes of importance: ✓

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify

(Signed) C. E. Crittenden M.D.

(Address) Ocean Church Va

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1 (T) MARGIN RESERVED FOR BINDING (M)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (162-B)

CERTIFICATE OF DEATH

08051

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Fourth Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 80 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocmoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Fourth Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Amelia D. Gumby

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Col.	Widowed

6 (b) Name of husband or wife Henry Gumby
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1835

8. AGE: Years	Months	Days	If less than one day
104	11	21	hrs. min.

9. Birthplace Stockton, Maryland
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Isaac Dennis
13. Birthplace Worcester Co., Md.

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Noah Gumby
Address Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-11-40 (month) (day) (year)
Cemetery or crematory Halls Hill Cemetery
Location Pocomoke City, Md.

18. Funeral director John A. Bradshaw
Address Pocomoke City, Md.

19. July 9th 1940 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21st 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21st 1940, to July 8 1940, and that I last saw h-- alive on June 21st 1940

Immediate cause of death	DURATION
Exhaustion	1 hr.
Due to	
No organic disease was present.	
Due to	
Senile decay	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. M. Wilson M. D. or other
Address Pocomoke City Date signed 7/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

08052

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME William Thomas Wales

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nora M. Wales
6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Sept 5 1856

8. AGE:

Years	Months	Days	If less than one day
83	10	13	hrs. min.

9. Birthplace Snow Hill Worcester Md
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Truck Farm
FATHER 12. Name William T. Wales
13. Birthplace Maryland
MOTHER 14. Maiden name Unknown
15. Birthplace
16. Informant Mrs Nora M. Wales
Address Snow Hill Md
17. Buried (Burial, cremation, or removal. Which?) Date thereof July 20/40 (month) (day) (year)
Cemetery or crematory Wales Memorial Cemetery
Location Snow Hill Md
18. Funeral director Hearne & Dennis
Address Snow Hill Md
19. 7/19/ 1940 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 7 A. M.
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Feb. 3 1940 to July 18 1940, and that I last saw h alive on July 17 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	5 mos.
Due to Arterio-sclerosis	Hyp.
Due to Chronic interstitial nephritis	Do not Know
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE N. Sherwood Ferris M.D.
M. D. or other
Address Snow Hill, Md. Date signed 7/18/40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73d)

CERTIFICATE OF DEATH

08053

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Worcester

City or town Near Pocomoke City, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State North Carolina County Carteret ✓

City or town Morehead City, N. C. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Amanda Howerton Jones

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widowed

6 (b) Name of husband or wife William T. Jones

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 6, 1860

8. AGE:

Years	Months	Days	If less than one day
79	7	14	____ hrs. ____ min.

9. Birthplace Salisbury, Rowan, N. C (Town, county, and state)

10. Usual occupation School Teacher

11. Industry or business

FATHER

12. Name Dr. William H. Howerton

13. Birthplace Halifax, Va

MOTHER

14. Maiden name Amanda Koonce

15. Birthplace Jones County, N. C

16. Informant Calvine Howerton

Address Pocomoke City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 22, 1940 (month) (day) (year)

Cemetery or crematory Morehead Cemetery

Location Morehead City, N. C.

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md

19. July 21 1940 (Date rec'd by registrar) Elsie E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5 1940 to July 20 1940, and that I last saw h alive on July 20 1940.

	DURATION
Immediate cause of death Chronic Myocarditis	
Due to Asthma (Bronchial)	2 mos
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Parker M. D. or other

Address Pocomoke City, Md Date signed 7/21/40

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BUREAU V. S.

08054

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (162b)

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH:

County: Worcester

City or town: Stockton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R. R. D. 1

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 75 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Near Stockton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary L. Mills

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Stephen Mills

6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Around 1863

8. AGE: Years: about 77 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Worcester Co., Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Noah Bain

13. Birthplace: Worcester Co., Md.

MOTHER

14. Maiden name: Marish Dennis

15. Birthplace: Worcester Co., Md.

16. Informant: Robert Bain

Address: Snow Hill, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7-26-40 (month) (day) (year)

Cemetery or crematory: Mount Hope

Location: Welbourne, Md.

18. Funeral director: Irvin Bennett

Address: Stockton, Md.

19. July 25 1940 (Date rec'd by registrar) Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 24 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 ,

Immediate cause of death: Senile Debility

Old age; had been worn out, for some time.

Due to: No more obtainable. C.W.G.R.

Due to: This colored woman was dead, and in an undertaking parlor, when physician saw her.

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 5 yrs.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John L. Riley Dep Med Ex M. D. or other

Address: Snow Hill Md. Date signed: 7/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08055 355

Reg. Dist. No. 3-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Ocean City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Balto Co.
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: St Paul Court apt 5
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR:

3. (a) FULL NAME: John Y. Offutt

3. (b) Social Security Number: Don't Know

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Louise Offutt
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 19 1905

8. AGE: Years: 35 | Months: 2 | Days: 15 | If less than one day: hrs. min.

9. Birthplace: Towson
(Town, county, and state)

10. Usual occupation: Lawyer

11. Industry or business: Legal Business

FATHER
12. Name: J. Scott Offutt
13. Birthplace: Md

MOTHER
14. Maiden name: Lydia J. Johnson
15. Birthplace: Md

16. Informant: Judge J. Scott Offutt
Address: Towson

17. ✓ (Burial, cremation, or removal. Which?) Date thereof: July 7 1940 (month) (day) (year)
Cemetery or crematory: Towson
Location:

18. Funeral director: J. W. Burbage
Address: Berlin

19. July 5 1940 (Date rec'd by registrar) I. S. Mumford Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4 1940, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Heart failure. Variety unknown	suddenly
Due to No more obtainable cures	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John L. Riley Dep. Med Exam M. D. or other
Address: Snow Hill Md Date signed: 7/4/40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17-C)

CERTIFICATE OF DEATH

08056

Reg. Dist. No. 350

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Worcester

City or town: near Pocomoke city

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: near Pocomoke Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Samuel Phillips

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Divorced

6 (b) Name of husband or wife: ✓

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): January 9, 1889

8. AGE:

Years	Months	Days	If less than one day
51	5	28	hrs. min.

9. Birthplace: near Pocomoke, Worcester, md (Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER

12. Name: Levin W. Phillips

13. Birthplace: md

MOTHER

14. Maiden name: Ellen Taylor

15. Birthplace: md

16. Informant: Frederick Phillips

Address: Westover, md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 9, 1940 (month) (day) (year)

Cemetery or crematory: Hall's Hill Cemetery

Location: Pocomoke City, md

18. Funeral director: Margarette H. Watson

Address: Pocomoke City, md

19. July 8th 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 7 1940, at 2:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ✓ 19 , to ✓ 19 ,

and that I last saw h ✓ alive on ✓ 19

Immediate cause of death	DURATION
Fractured skull	
Due to Being Struck by an automobile	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: July 7 1940

Where did injury occur? 2 miles below Pocomoke (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?): State road

Means of injury: Struck by automobile Injured at work? no

23. SIGNATURE: John L. Riley Dep. Med Exr M. D. or other

Address: Snow Hill, Md Date signed: 7/7/40

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AUG 5

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23-a)

CERTIFICATE OF DEATH

18057

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 82 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mitchell S. Pilchard

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Emma G. Pilchard

6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) September 3, 1857

8. AGE: Years	Months	Days	If less than one day
82	10	9	____ hrs. ____ min.

9. Birthplace Near Pocomoke, Worcester, Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name Bernard Pilchard
13. Birthplace Maryland

MOTHER
14. Maiden name Rosa J. Veasey
15. Birthplace Maryland

16. Informant Mrs. Emma G. Pilchard
Address Pocomoke City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 14, 1940 (month) (day) (year)

Cemetery or crematory Hall's Hill Cemetery

Location near Pocomoke City, Md.

18. Funeral director Marguritte H. Watson

Address Pocomoke City, Md

19. July 14 1940 (Date rec'd by registrar) Ann E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sunday 12 1940, at 8:30 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 27 1940, to July 12 1940, and that I last saw him alive on July 12 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Parker M.D.
M. D. or other

Address Pocomoke City, Md Date signed 7/13/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08058

1. PLACE OF DEATH

County Worcester Registration Dist. No. 353

Village or City Bishop No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clifton Raymond Purnell

(a) Residence: No. ..... St., ... Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not married

6. DATE OF BIRTH (month, day, and year): May 3, 1940

7. AGE: Years ..... Months 2 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. baby

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bishop

FATHER

13. NAME: Clifton Raymond Purnell Milton Holland

14. BIRTHPLACE (city or town) (State or country): Bishop Md W or Co

MOTHER

15. MAIDEN NAME: Alice Purnell

16. BIRTHPLACE (city or town) (State or country): Bishop Md W or Co.

17. INFORMANT (Address): Milton Purnell Bishop, Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Dukes Cem. Date: Aug 1, 1940

19. UNDERTAKER (Address): Milton Holland (father)

20. FILED: Aug 1, 1940 Mrs Roy Beezey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 31 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1940, to July 31, 1940

I last saw him alive on July 31, 1940; death is said to have occurred on the date stated above, at 10: P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pertussis	July 15

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frederick S. Tyroll M. D.

(Address) Berlin Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08059

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
County Worcester
City or town Berlin md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Worcester
City or town Berlin md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME George Purnell

3. (b) Social Security Number 216-12-1322

4. Sex male
5. Color or race Ad.
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Philis Purnell
6(c) If alive, give age Don't know years
7. Birth date of deceased (mo., day, yr.) about 1867
8. AGE: Years about 68 | Months | Days | If less than one day hrs. min.
9. Birthplace Girdletree md (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business no
FATHER 12. Name George Purnell
13. Birthplace Girdletree md
MOTHER 14. Maiden name Sarah Purnell
15. Birthplace Girdletree md
16. Informant Mrs Philis Purnell
Address Berlin md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 15 1940 (month) (day) (year)
Cemetery or crematory Evergreen
Location Berlin md
18. Funeral director James F. Stewart
Address Salisbury Md
19. 7-15 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 — 12 — 1940, at 11 45 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-7-40 19 , to 7-12 1940, and that I last saw him alive on 7-11-40 19
Immediate cause of death Chronic Int Nephritis | DURATION
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Dt operations None
Dt autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Clifford E. Schott M. D. or other
Address Berlin Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
AUG 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-D)

CERTIFICATE OF DEATH

08060

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Third Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Third St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Belle Pusey

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1876

8. AGE: Years	Months	Days	If less than one day
64	1	15	hrs. min.

9. Birthplace E. Princess Anne, Somerset Co. Md.
(Town, county, and state)
10. Usual occupation Schoolteacher
11. Industry or business

FATHER 12. Name Whitta Thos. Pusey
13. Birthplace Somerset Co., Md.

MOTHER 14. Maiden name Ann Wilson
15. Birthplace Somerset Co., Md.

18. Informant Mrs. J. M. Crockett
Address Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-31-40 (month) (day) (year)
Cemetery or crematory Bethany Meth. cemetery
Location Pocomoke City, Md.

18. Funeral director John A. Bradshaw
Address Pocomoke City, Md.

19. July 31 1940 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27th, 1940 19 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15th, 1940 to July 27th 1940, and that I last saw her alive on July 27th, 1940.

	DURATION
Immediate cause of death Exhaustion	
Due to Carcinoma - intestinal,	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Removal of lower sigmoid and rectum with the establishment of artificial anus
Of autopsy About 1 1/2 years ago.

PHYSICIAN
Please underline the cause to which death should be referred statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. Lee Hall M.D.
Address Pocomoke City, Md. Date signed 7/31/40

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AUG 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08061

93-d

1. PLACE OF DEATH Registration Dist. No. 353

County Worcester

Village or City Bishop, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie B. Showell

(a) Residence: No. Bishop, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rachel Showell

6. DATE OF BIRTH (month, day, and yaar): Sept. 15, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farming

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date daceased last worked at this occupation (month and yaar): July 1, 1940

11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (city or town) (State or country): Showell, Md.

FATHER

13. NAME: Benjamin Showell

14. BIRTHPLACE (city or town) (State or country): Showell, Md.

MOTHER

15. MAIDEN NAME: Eliza Showell

16. BIRTHPLACE (city or town) (State or country): Showell, Md.

17. INFORMANT (Address): Rachel Showell, Bishop, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Showell Cem. Date: July 17, 1940

19. UNDERTAKER (Address): Margarette S. Watson, Pocomoke City, Md.

20. FILED 7/16/40 Mrs. Ray Berger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 10 1940, to July 14, 1940

I last saw him alive on July 12, 1940; daath is said to have occurred on tha date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:

	Date of onset
Chronic Myocarditis	
Other Contribntory Causes of importance: Hypertension	

Name of operation: None Date of

What test confirmad diagnosis? Clinical Was there an autopsy?

23. If death was due to axternal causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) Clifford E. Lokel M. D.

(Address) Berlin Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	**Date of onset**	**The principal cause of death and related causes of importance were as follows:**	**Date of onset**
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		**Other contributory causes of importance:**	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
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BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr Dickerson.

08062

STATE OF MARYLAND—CERTIFICATE OF DEATH

(191)

1. PLACE OF DEATH

County Worcester County Registration Dist. No. 354

Village or City Pillsdale Vill. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Townsend If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Marshall Townsend.

6. DATE OF BIRTH (month, day, and year): Nov. 8th ?

7. AGE: Years: In his fifties; Months: —; Days: —; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farm-labour.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): ~~Hore~~ Lewes, Delaware.

FATHER

13. NAME: John Henry Townsend

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Addie Argo.

16. BIRTHPLACE (city or town) (State or country): Delaware.

17. INFORMANT (Address): Bessie Townsend Horntown. Va

18. BURIAL, CREMATION, OR REMOVAL: Dear Chapel Place Horntown, Va. Date July 31st, 1940

19. UNDERTAKER (Address): J. Edgar Thomas Accomac, Va.

20. FILED July 28, 1940 Mary M. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 28th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1940, to July 27, 1940. I last saw him alive on July 27, 1940; death is said to have occurred on the date stated above, at 1:10 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Heat Prostration	July 27, '40

Other Contributory Causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) John D. Dickerson M. D.

(Address) Stockton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170c)

CERTIFICATE OF DEATH

08063

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural, near Beaver Dam
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State N. Carolina County Caldwell
City or town Lenoir Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R. F. D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James c. Triplett

3. (b) Social Security Number 243-09-2827

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1917

8. AGE: Years	Months	Days	If less than one day
23	5	16	hrs. min.

9. Birthplace Caldwell County, North Carolina
(Town, county, and state)
10. Usual occupation Truck driver
11. Industry or business
FATHER 12. Name Luther Triplett
13. Birthplace North Carolina
MOTHER 14. Maiden name Mollie Keys
15. Birthplace North Carolina
18. Informant J. V. Ford
Address Palatka, Fla.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 18, 1940 (month) (day) (year)
Cemetery or crematory Clarks Cemetery
Location Lenoir, N. C., Route #4
18. Funeral director John A. Bradshaw
Address Pocomoke City, Md.
19. July 15 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at 3:25 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Broken neck, and fractured skull due
Due to automobile accident
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
—
—

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide accident Date of 7-14-40
Where did injury occur? 1/2 mi north of Md-Va line (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) State highway
Means of injury Auto accident Injured at work?

23. SIGNATURE John L. Riley Dep. Med Ex M. D. or other
Address Snow Hill, Md Date signed July 15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1340)

08064

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 85 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Mary Lee White

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife John W. White

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 6 – 1855

8. AGE: Years 85 | Months 6 | Days 15 | If less than one day ..... hrs. ..... min.

9. Birthplace Snow Hill Worcester Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name James Collins

13. Birthplace Maryland

MOTHER 14. Maiden name Margaret Timmons

15. Birthplace Maryland

16. Informant Miss Lucile Collins

Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23/40 (month) (day) (year)

Cemetery or crematory M. O. Cemetery

Location Snow Hill Md

18. Funeral director Hearne & Dempsey

Address Snow Hill Md

19. 7/23 1940 LeRoy Smith (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1938, to July 21 1940 and that I last saw her alive on July 21, 1940

Immediate cause of death Coronary Thrombosis — DURATION immediate

Due to Arterio-sclerosis — 3 yrs.

Due to Chronic interstitial nephritis — 4 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE N. Sherwood Ferris M.D. M. D. or other

Address Snow Hill, Md. Date signed 7/22/40

VS A15 (T) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08065

(355 352)

(83-a)

1. PLACE OF DEATH

County Worcester — Registration Dist. No.

Village or City Ocean City — No. Cor 4th st. Phila ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elisha Purnell Wilkins — If U. S. Veteran, specify WAR ...

(a) Residence: No. 227 Melton st. Salisbury St., ... Ward ... Md. — No Worcester county

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah E. Wilkins Dead

6. DATE OF BIRTH (month, day, and year): May 1, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: retired Saloon

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Lumber Mill

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Powellville Md.

FATHER

13. NAME: Stephen Wilkins

14. BIRTHPLACE (city or town) (State or country): Powellville Md.

MOTHER

15. MAIDEN NAME: Abbie Buttingham

16. BIRTHPLACE (city or town) (State or country): Powellville Md

17. INFORMANT (Address): Virgil P. Wilkins Parsonsburg Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Parsons Cem Salisbury Md. Date: July 27-1940

19. UNDERTAKER (Address): Wolfe & Taylor Walter R. Wolfe Salisbury Md.

20. FILED 7/29/40 ... Registrar. L. L. Mumford

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 25-1940 (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1940, to July 25, 1940

I last saw h... alive on July 25, 1940; death is said to have occurred on the date stated above, at 9:35 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Hemorrhage	July 20 1940
Arterio Sclerosis	

Other Contributory Causes of importance: Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) F. J. Townsend M. D.

(Address) Ocean City Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(940)

08066

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town near Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 46 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town near Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Thomas Williams

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ella May Williams
6(c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Feb 8 1893

8. AGE: Years	Months	Days	If less than one day
47	5	5	hrs. min.

9. Birthplace Pocomoke City
(Town, county, and state)
10. Usual occupation Huckster
11. Industry or business
FATHER 12. Name John George Williams
13. Birthplace Unknown
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant Eelois Williams
Address Near Pocomoke City
17. Burial Date thereof July 16 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Methodist Cemetery
Location Pocomoke City, Md
18. Funeral director Margarett H. Watson
Address Pocomoke City, Md
19. July 15 1940 Ann E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940, at 11:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death	DURATION
Coronary Thrombosis	2 hrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Mus Ex
M. D. or other
Address Snow Hill Md Date signed 7/14/40

RECEIVED
AUG 5 1940
U. S.